



THE COMMONWEALTH OF MASSACHUSETTS
Division of Occupational Safety
19 Staniford Street, 1st Floor
Boston, MA 02114
Phone: 617-626-6960
Fax: 617-626-6965
Homepage: www.mass.gov/dos

APPLICATION FOR CERTIFICATION AS
DELEADER-WORKER
(In accordance with the provisions of
M.G.L. c. 111, §. 189A-199B)

FOR DOS USE ONLY

☐ Initial Application

Certificate # _____

☐ Renewal Application

Issue Date _____

☐ Duplicate Application

Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

1. APPLICANT INFORMATION

Name _____ Social Security # _____ Date of Birth _____

Residence (Street) _____ Tel # (____) _____

City/Town _____ State _____ Zip _____

Employer _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

2. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- a. A form of photo identification acceptable to DOS that positively establishes the identity and age of the applicant.
- b. Original Lead training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 454 CMR 22.08(2), 22.08(4)(b), and/or 454 CMR 22.08(4)(f).
Original training certificates will be returned after review of the application.
- c. Proof that the applicant has successfully passed any medical examination required pursuant to 454 CMR 22.09 or 29 CFR Part 1926.62.
- d. The results of all blood lead and ZPP monitoring conducted on the applicant in the two-month period prior to an initial application, or within three months for a renewal application.
- e. **A money order or certified bank check, payable to the Commonwealth of Massachusetts, Division of Occupational Safety, in the amount of the entire annual fee of \$50.00 for initial or renewal license, or \$45.00 for a duplicate license.** If the Commissioner denies, revokes, suspends or refuses to renew a license for reasons specified in 454 CMR 22.04(2), the payment is not refundable.

3. PAYMENT OF TAX OBLIGATIONS

I, _____, do hereby state, under the pains and penalties of perjury, that I have paid all tax obligations
(PRINT NAME) current and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of
Massachusetts Deleading Regulations, 454 CMR 22.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the
best of my knowledge and belief.

SIGNATURE _____

DATE _____

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:

MONDAY - WALK IN SERVICE

19 Staniford Street, 1st Floor, Boston, MA 02114 617-626-6960
[Enter thru Unemployment Assistance Entrance]

TUESDAY - WALK IN SERVICE

165 Liberty Street, Springfield, MA 01102 413-781-2676

WEDNESDAY - WALK IN SERVICE

4 Summer Street, Room 212, Haverhill, MA 01830 978-372-9797

WEDNESDAY - **BY APPOINTMENT ONLY**

167 Lyman Street, Westboro, MA 01581 508-616-0461

THURSDAY - WALK IN SERVICE

1213 Purchase Street, New Bedford, MA 02740 [Enter thru Maxfield St] 508-984-7718

FRIDAY - **BY APPOINTMENT ONLY**

1001 Watertown Street, 2nd Floor, West Newton, MA 02465-2148 617-969-7177